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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/882,100
		Filing Date	June 15, 2001
		First Named Inventor	Carlson
		Art Unit	2638
		Examiner Name	J.M. Perilla
		Attorney Docket Number	13148US02
Total Number of Pages in This Submission		58	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		Appeal Brief is filed in triplicate.




SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Christopher C. Winslade	Registration No. (Attorney/Agent)	36,308
Signature			Date: February 27, 2006

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<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> PTO FEB 27 2006 RECEIVED </div> <div style="margin-left: 20px;"> <p><small>Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2006</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/882,100</td></tr> <tr><td>Filing Date</td><td>June 15, 2001</td></tr> <tr><td>First Named Inventor</td><td>Carlson</td></tr> <tr><td>Examiner Name</td><td>J.M. Perilla</td></tr> <tr><td>Art Unit</td><td>2638</td></tr> <tr><td>Attorney Docket No.</td><td>13148US02</td></tr> </table>		Application Number	09/882,100	Filing Date	June 15, 2001	First Named Inventor	Carlson	Examiner Name	J.M. Perilla	Art Unit	2638	Attorney Docket No.	13148US02																																										
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<p>TOTAL AMOUNT OF PAYMENT (\$) 950.00</p>																																																									
<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ </p> <p> <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments </p> <p>under 37 CFR 1.16 and 1.17</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																																																									
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<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee(\$)</th> <th>Fee Paid(\$)</th> </tr> </thead> <tbody> <tr> <td>-100</td> <td>/50</td> <td>(round up to a whole number)</td> <td>x</td> <td>=</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)	-100	/50	(round up to a whole number)	x	=																																												
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